

Health Priority: Social and Economic Factors that Influence Health
Objective 1: Improving Income Levels of Wisconsin Households

Long-term (2010) Subcommittee Outcome Objective: By 2010, at least 70% of Wisconsin households will have annual income at or above 300% of the federal poverty level.

INPUTS	OUTPUTS		OUTCOMES – IMPACT		
	Activities	Participation	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Staff from state and local government; Institutions of Higher Education; UW System; and other partner agencies Volunteers for committees and advisory groups Time Reallocation of funds Review of literature and research; prepare position papers; conduct workshops; produce conferences. Public and specialized audience communications.	Review of literature Educational workshops Technical assistance Establish a Blue Ribbon Panel Coordination of state and partnering community efforts Identify funding sources for community development Establish Internet sites Develop data sets for local community planning and request grants and other resources. Development of supportive social and economic policies. Describe best practices and communicate success stories.	<ul style="list-style-type: none"> • Policy makers • Community residents • Business community • Public institutions • State agencies • Institutions of Higher Education • Local health departments • Tribes • Primary and secondary education • Private and non-profit agencies and organizations • Faith communities • Health care providers • Organizations that include but not limited to: WI Nurses Association; WI Medical Society; WI Primary Health Care Association; Rural Wisconsin Health Cooperative; WI Public Health Association and others. 	Increased awareness and understanding of the linkage between socioeconomic factors and health among policymakers, community leaders, government, and business leaders by 2004.	Promote community-level efforts to address socioeconomic factors that affect health and provide technical assistance and access to funding that can act as a catalyst to community development activities.	Create significant social policy and legislation designed to increase the percent of households who have an annual income that exceeds 300% of the federal poverty level.

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Wisconsin Baseline	Wisconsin Sources and Year
53.6% of the population is over 300% of the federal poverty level.	March 2000 Current Population Survey

Federal/National Baseline	Federal/National Sources and Year
50.1% of the population is over 300% of the federal poverty level.	March 2000 Current Population Survey

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None			

Definitions	
Term	Definition
Federal Poverty Level (FPL)	The federal poverty thresholds are issued by the U.S. Census Bureau and are statistically derived from the Current Population Survey sample to calculate the number of persons in poverty in the United States or in states and regions.
Year 2000 FPL for a family of four:	
100% FPL \$17,603	
200% FPL \$35,206	
300% FPL \$52,809	In 2000, the weighted average poverty threshold for a family of four was \$17,603.

Rationale:

Research and epidemiological studies point out the strong linkage between socioeconomic status and health and life expectancy. Socioeconomic factors include income, education, and social status, as well as some of the attendant factors of community environment and social support. The objective above addresses the key factor of income, providing a possible indicator for what can be termed a “living income” that would provide the basics of life for a family. In discussion, the subcommittee considered other factors that influence whether a particular income level can provide the “basics of life” and had reservations about this inexact indicator. While income is an important factor, a family that experiences high expenses in a number of essential areas (e.g., housing, medical care, day care) would be far less able to meet its basic needs than another family that had lower or subsidized costs in these areas. Nevertheless, it was decided that this broad objective was a starting point and an important “health” indicator. In deciding upon the designation of 300% of the federal poverty level, the subcommittee was acknowledging the growing recognition that the current poverty standards are too low, and that it takes a significant amount above the poverty level for families to adequately provide for themselves. In 1999, the federal poverty level for a household of four was \$16,895 (U.S. Census). At 300% of poverty, this family of four would have an income level of \$50,685.

Wisconsin’s median income in 1998 was \$57,890 for a four person household, so approximately 50% of these Wisconsin households had incomes at or above the 300% level. CPS Family Survey data also

show that approximately 54% of families are above 300% of the poverty level. The objective hopes to see an increase to 70% of Wisconsin households at or above 300% of the federal poverty level. Another aspect of income that is not addressed in this objective, but that was discussed by the subcommittee is the linkage between health and the gap in societies between rich and poor. Some studies show that countries with more equal income distributions, whether they are wealthy (such as Sweden and Japan) or have low gross domestic product (such as Costa Rica) have higher life expectancies than the United States, which has more unequal income distributions, despite its higher Gross Domestic Product. One explanation is that disparities lead to lack of consensus regarding social policy and the distribution of scarce resources. For example, it was pointed out that states in the U.S. that have the most unequal income distributions “invest less in public education, have larger uninsured populations, and spend less on social safety nets” (Daniels, Kennedy, and Kawachi, 2000). Ultimately, the health of a society, and the individuals who make up that society, benefit from a more equal distribution of wealth. This is not only true as it pertains to health status, but to the quality of life in a community as represented by levels of education, infrastructure, reduction in crime, availability of good and affordable housing, and investment in such things as recreation, green spaces, and public buildings that benefit all members of the community.

Outcomes:

Short-term Outcome Objective (2002-2004)

Increase awareness and understanding of the linkage between socioeconomic factors and health among policymakers, community leaders, government, and business leaders by 2004.

Rationale: Social policy is one of the key factors in addressing income disparities, providing investment in “social goods,” (e.g., food stamps, health care, housing subsidies, job assistance) and developing legislation that can assist individuals in obtaining the skills and assistance they need in obtaining good paying jobs. Greater understanding among policymakers and those who influence these policymakers regarding how social policy can have a direct affect on health will raise awareness and, it is hoped, influence how policy is developed. It may also lead to greater cooperation among government programs, increased public/private partnerships and, among business leaders, an understanding as to how socioeconomic improvements and improved working conditions can raise productivity and improve health.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- The lead organization identified would depend upon the approach taken to raise awareness (for instance, a Blue Ribbon Commission might be out of the Governor’s Office and/or briefs that summarize current research developed by Institutions of Higher Education such as the University of Wisconsin. However, it is likely that the same groups would be involved in the partnership that develops and presents the material. These would include, but not be limited to: state agencies (e.g., Department of Health & Family Services, Department of Commerce, Department of Workforce Development, Department of Public Instruction); Institutions of Higher Education (e.g., University of Wisconsin, Marquette University, Technical Colleges.); faith communities and religious organizations; health care providers; health associations (Wisconsin Health & Hospital Association, Wisconsin Nurses Association, Wisconsin Primary Health Care Association, Rural Wisconsin Health Cooperative, Wisconsin Medical Society; local health departments and tribes; city and county associations (e.g., Wisconsin Counties Association, Alliance of Cities); voluntary organizations;

criminal justice system; business interests; advocacy groups; public education; community residents.

- Staff time from various sources would be required to conduct reviews of the literature, prepare papers, work with the media, conduct workshops, produce conferences, and so forth.
- Funds for printing, mailing, conferences, and other activities would most likely be absorbed by agencies funded by grants, or paid by workshop attendees.
- Many individuals and organizations would volunteer time to participate in workgroups, advisory groups, and so forth.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities might include the following:

- Review research on linkages between social and economic conditions and health.
- Create and distribute briefs that summarize emerging research on linkages between social and economic conditions and health.
- Research related programs that have worked at the state and community levels to improve social and economic conditions.
- Hold educational workshops with business interests, legislators, and other community leaders to present research findings and to promote discussion of potential solutions.
- Create a Commission or Blue Ribbon Panel or some other high level, broad-based group out of the Governor's Office to look into the connection between social and economic factors and health and to make findings and recommendations.
- Target groups would be policymakers, community leaders, the business community, and state, tribal, and local government.
- Partner roles would include for example: research, creation of written briefs, participation in advisory groups, contact of stakeholders, meeting with government officials, and presenting at workshops.
- Timetables: Years 1 and 2 would involve research, perhaps the establishment of a Blue Ribbon Panel, the development of written materials, and the preparation of an awareness campaign. Year 3 might focus on implementation of the awareness campaign that would include such things as the holding of workshops, conferences, seminars, distribution of written materials, and discussions with the media.

Medium-term Outcome Objective (2005-2007)

Promote community-level efforts to address socioeconomic factors that affect health and provide technical assistance and access to funding that can act as a catalyst to community development activities.

Rationale: Although policies are important in promoting a shift to improve socioeconomic factors throughout society, the real work is done by communities and the individuals that live in those communities. All communities have assets (especially if they have local leadership) that they can call upon to improve their quality of life and, thus, the socioeconomic factors that affect the health of their citizens. Communities also exhibit great creativity in the ways in which they address problems and create solutions. Much can be done to support communities in these efforts. This can be done through technical assistance and funding programs at the State level, most of which can be a reorientation of what is already being done. Other forms of assistance lie in helping to mobilize leadership and other

resources among the various sectors of society, such as business, religious, and non-profit organizations. Finally, the Internet and other communication resources can be garnered to document the creativity of communities and provide an exchange of ideas among these communities and all who are involved in the process. Although these activities are currently in process in many communities and throughout government, university, and the volunteer sectors, providing a focus on how these efforts can directly impact the health of the community and its citizens may revitalize and expand such efforts.

It should be noted here that, although the broad objective relates to “living income,” community-based efforts would not be restricted to this objective alone. This is both due to the nature of community development processes and to the interrelationships between social and economic factors. For instance, these community development activities could also be those that pertain to increasing literacy, improving childcare, creating affordable housing, improving how all citizens are treated at health care and government facilities, and improving the social interaction among the citizens of the community.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- State agencies and the universities would bring together all units involved in community development activities (those providing technical assistance and funding) for purposes of sharing and coordination.
- Funds would be identified for community development activities.
- Agencies would also coordinate on the collection of data and the identification of a set of social and economic indicators that could help report on the “State of the Health of Wisconsin” on a periodic basis.
- Data systems would be developed for use by communities in their planning processes and for monitoring and evaluation purposes.
- Other partners (e.g., religious, voluntary, health associations) would also identify ways in which they could coordinate to help communities create and implement socioeconomic improvements.
- At least initially, current funds that could be used to help provide a catalyst to communities in community development activities would be identified and made known to communities. Efforts could also be made to identify grant and foundation funds that could be used by communities. If needed, new funds could be requested in the budget process.
- The Department of Health and Family Services, in cooperation with other departments and the University of Wisconsin, could develop an Internet site that provides information on “best practices” or “community success stories” that could be reviewed by communities by topic to assist them in their own efforts.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Promote community planning efforts such as the “Healthy Communities” project sponsored by the National Civic League or the Search Institute “Healthy Communities and Healthy Youth Initiatives” to address any of the following:
 - Improvement of the quality of community life addressed in a variety of ways: the reduction of poverty; the creation of affordable housing; the improvement of education for all citizens; the improvement of working conditions; the creation of a diversified economy with good paying jobs; an increase in racial equality

- and social tolerance; the provision of recreation activities; the expansion of social support throughout the community, and many others.
 - Decentralization of power through increased citizen participation.
 - Creation of a sustainable and healthy physical environment.
- Provide accessible community-specific data and social and economic indicators that would assist in identifying problem areas and in monitoring and evaluating progress.
- Provide an Internet site on “best practices” that includes community actions that address social and economic issues.
- Provide an Internet site on grant opportunities designed to improve social and economic conditions in communities.
- State agencies (e.g., Department of Health and Family Services, Department of Commerce, Department of Workforce Development, Department of Public Instruction, and the University of Wisconsin) provide technical assistance in community development processes that address social and economic issues.
- Target groups would be community leaders and local governments.
- Timetable: Preliminary work on identifying resources, determining how best to develop the Internet sites, and preparing the community data sets would be done prior to 2004. Other activities (the coordination of technical assistance and funding and the making available and advertising the Internet sites) would be initiated in 2004. The refinement and possible expansion of these programs would occur between 2006 and 2008. A system for identifying these community activities would be established during this period, with objectives established for the number of communities assisted each year.

Long-term Outcome Objective (2008-2010)

Create significant social policy and legislation designed to increase the percent of households who have an annual income that exceeds 300% of the federal poverty level.

Rationale: The short and medium-term objectives are designed to create a climate for change by raising understanding of how social and economic factors influence health, and to empower communities to use their considerable current assets to create healthier communities. At the same time policymakers, and those who influence them, will begin to recognize the interconnectedness of all members of society. Policies which support education, child welfare and development, job creation, and which reduces the growing disparity of income, will be seen as policies that affect individual as well as societal health. Investments in these arenas will be seen as having direct returns in health, the economy, and the general welfare. In a way, they will be seen as an investment in the infrastructure of society that has both short and long-term benefits. The vast majority of society will have to recognize and support these policies if they are to be passed and successful. That is why this is a long-term outcome.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- The achievement of this outcome will be the culmination of the impact of the awareness raised in the short-term outcome and all the resources and partnerships involved in that.
- It is hoped that legislators, the business community, and others will be creative and become supportive of social and economic policies that affect health.
- Many of the partners involved in the awareness campaign will be involved in efforts to encourage policymakers to pass this type of legislation.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- There are a wide range of current policies and funding priorities that could be expanded to help assure that Wisconsin families have a “living income.” By 2010, there are likely to be other innovative policies and programs as well. Current policies that may be expanded could include:
 - Expansion of the federal earned income tax credit for low-income families.
 - Revising the federal and state tax codes so that they are more progressive.
 - Increases in the minimum wage.
 - Business incentives to hire individuals at higher risk of poverty (e.g., single parents, persons with lower educational achievement).
 - Financial assistance to communities for economic and community development.
 - Policies that provide for education/training assistance for those leaving welfare.
- The Governor, state agencies, the Legislature, and all who are interested and involved in the shaping of legislation would implement this recommendation. Target groups would be those families that have not been able to achieve a “living income” and communities that need assistance in helping to raise the income levels of its citizens.
- Partner roles are identified in the short-term outcome and would continue as they seek to encourage social and economic legislation that would help all families achieve a “living income.”
- The timetable is one that is difficult to predict. As noted previously, a large segment of society will need to understand the connections and support legislation that assists those who are the most vulnerable in our society.

Evaluation and Measurement:

The long-term objective is measurable. The short and medium term outcomes listed above are more difficult to measure. However, it is likely that there would be process measurements that could be developed to determine the success and extent of each outcome. An example might be the number of policymakers and their staff that have participated in seminars or workshops or small group sessions that provide information on the relationship between social and economic factors and health.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Because social and economic factors underlie health status, all of the health status and risk factor subcommittees would find these actions supportive of their efforts. At least three of the infrastructure subcommittees (data, community health improvement, coordination of state and local partnerships) would be supportive of the outcomes needed to achieve this objective.

Access to Primary and Preventive Health Services: Improvement in family income is likely to have a positive impact on the area of access to primary and preventive health services.

Adequate and Appropriate Nutrition: An adequate income can reduce the risk of food insecurity. Lower incomes are also related to less healthy food choices.

Alcohol and Other Substance Use and Addiction: If low income is a risk factor in substance abuse, this has a financial and social impact on the broader society.

Environmental and Occupational Health Hazards: Persons with lower incomes are more likely to live and work in settings less conducive to promoting health (e.g., neighborhood proximity to toxic

industrial exposures, lesser housing quality, lack of safe outdoor spaces to encourage physical activity).

Existing, Emerging, and Re-emerging Communicable Diseases: If access to immunizations is more limited among low-income populations, it will affect society's ability to reduce the incidence of certain communicable diseases.

Intentional and Unintentional Injuries and Violence: If low income is a risk factor in violence, this has an impact on the broader society.

Mental Health and Mental Disorders: Overall quality of life and well-being influence the amount of stress that people are exposed to and affects mental well-being which has an impact on physical health.

Tobacco Use and Exposure: Lower socioeconomic status is strongly associated with higher rates of smoking.

Integrated Electronic Data and Information Systems: Measuring indicators such as income can yield more comprehensive analyses of factors contributing to health status.

Coordination of State and Local Public Health System Partnerships: Strategies to enact broad-scale economic policies require collaboration of government, public, and private sectors.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

The activities described above are most closely associated with the following essential public health services:

Educate the public about current and emerging health issues: Educating the public about the linkage between health and social and economic services is a key component to achieving this objective. Research on this issue is only recently emerging and could eventually have a significant impact on how individuals, governments, and communities view health.

Promote community partnerships to identify and solve health problems: Partnerships, whether they be at the community or state level, will be necessary for success. The activities at the local level are key toward achieving improvements in income levels, housing, education, and how people treat each other. State activities that provide information, technical assistance, and funding are also crucial in helping communities achieve their goals.

Create policies and plans that support individual and community health efforts: Changes in social policies at the state and national level can significantly improve community efforts, particularly as change in policies often lead to changes in funding decisions.

Conduct research to seek new insights and innovative solutions to health problems: New research will be necessary to more clearly show how social and economic programs can improve health. Our country presently spends a very high rate of its per capita income on health care services, yet this does not necessarily translate into improved levels of health and well-being. With this research, society might decide in the distant future to redirect health care delivery resources into programs that will improve the overall quality of life of individuals and communities. However, this will entail a major shift in understanding and perspective from both individuals and society as a whole.

Foster the understanding and promotion of social and economic conditions that support good health: Obviously, this essential service is not only the essence of this objective, but is one of the underlying factors in all of the objectives contained in this plan.

With regard to partners, it will take the efforts of all partners from all segments of society to achieve the outcomes listed above, especially the outcome that addresses raising awareness.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: One of the key underlying assumptions of the subcommittee on social and economic factors that influence health is that all segments of society are interrelated. The health of one sector affects the health of all. Since social and economic factors are so intertwined with health outcomes, when large segments of society do not have sufficient income to meet their basic needs, it actually affects the health of all in ways that are not immediately obvious. More broadly, when one segment of society is suffering and becomes dysfunctional, it not only affects their quality of life but the quality of life of the broader society. That is, it would influence such things as the taxes people pay, funds available for productive uses, fear of crime or sense of personal safety. Meeting the objective to improve living income would directly impact this overarching goal.

Eliminate Health Disparities: Health disparities exist among all income levels, but is more strongly connected to those with low incomes. Raising incomes would help reduce health disparities.

Transform Wisconsin's public health system: When the definition of health is broadened, it takes into account social and economic factors. With this broadened definition of health, the "public health system" itself will be broadened to include partners from all segments of society. This will help transform the public health system.

Key Interventions and/or Strategies Planned:

- Awareness, understanding, and concern must be raised on the part of policymakers, those who influence policymakers, and the broader public if change in this area is to occur. There must be a recognition that social and economic change can have significant beneficial effects on health status, improvement in quality of life, and reduction in violence and criminal behavior to name a few. Social and economic investments will not only benefit the targeted individuals, but business and the broader society.
- Ultimately, investments in the social and economic infrastructure will reduce societal costs in other, less productive areas (e.g., criminal justice system, certain health care costs, remedial education costs).
- A shift in how society views and supports its most vulnerable populations would be the most transformative action that could occur.

References:

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